Inspection Report
Division of Environmental Health
Food Protection Branch

DHEC
PROMOTE PROTECT PROSPER

Type of Inspection: _____   Permit Number: _____   Program Code: _____

City, County or District	Name and Address of Establishment	Owner or Operator

Based on an inspection this day, the items marked below identify the violations in operations or facilities which must be corrected by the next routine inspection or such period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in suspension of your permit (or downgrading of the establishment as applicable).

Item		Pts.	Item		Pts.	Item		Pts.
	FOOD		18	Wash, rinse water: clean, proper temperature	1	31	**GARBAGE AND REFUSE DISPOSAL** Containers or receptacles: approved, covered, adequate number, insect/rodent proof, clean	2
1	* Source; sound condition, no spoilage	5	19	* Sanitization rinse: clean, temperature, concentration, exposure time, equipment, utensils sanitized	4			
2	Original container, properly labeled; record retention	1				32	Outside storage area enclosures properly constructed, clean; cleaning facility provided; controlled incineration	1
	FOOD PROTECTION		20	Wiping cloths: clean, properly stored, use restricted	1			
3	Potentially hazardous food meets * temperature requirements during storage, preparation, display, service, transportation	5	21	Food-contact surfaces of equipment and utensils clean, free of abrasives, detergents	2		**INSECTS, RODENT, ANIMAL CONTROL**	
4	Potentially hazardous food to be * refrigerated after processing; stored in shallow containers	4	22	Non-food-contact surfaces of equipment and utensils clean	1	33	* Presence of insects/rodents; animals restricted	4
5	* Potentially hazardous food properly thawed; frozen food kept frozen	4	23	Storage, handling of clean equipment and utensils	1		**FLOORS, WALLS AND CEILINGS** Floors and floor coverings: drained, constructed, clean, good repair	
6	* Cross-contamination prevented	5	24	Single-service articles: stored, handled, dispensed; no reuse	1	34		1
7	Food protection during storage, preparation, display, service, transportation	2		**WATER**				
8	Thermometers provided and accurate, conspicuous	1	25	* Water source, safe: hot and cold under pressure	5	35	Walls, ceilings, attached equipment: constructed, good repair, clean	1
9	Handling of food (ice) minimized	2		**SEWAGE**			**LIGHTING**	
10	In use, food (ice) dispensing utensils properly stored	1	26	* Sewage and waste water disposal	5	36	Lighting provided as required; fixtures shielded	1
	PERSONNEL			**PLUMBING**			**VENTILATION**	
11	* Personnel with infections restricted	5	27	Installed, maintained	1	37	Rooms and equipment vented as required	1
12	* Hands washed and clean, good hygienic practices	5	28	* Cross-connection, back-siphonage, backflow	5		**PERSONAL ITEMS AND DRESSING ROOMS**	
13	Outer clothing clean	1		**TOILET AND HANDWASHING FACILITIES**		38	Personal items: properly stored; rooms, areas, lockers provided: clean, located, used	1
	FOOD EQUIPMENT & UTENSILS		29	* Adequate, convenient, accessible, designed, installed	4			
14	Food (ice) contact surfaces designed, constructed, maintained, installed, located	2					**OTHER OPERATIONS**	
15	Non-food-contact surfaces: designed, constructed, maintained, installed, located	1				39	* Poisonous and toxic items properly stored, labeled, used	5
16	Warewashing facilities: designed, constructed, maintained, installed, located, operated	2	30	Toilet rooms: enclosed, self-closing doors; fixtures good repair, clean; tissue, hand cleanser, sanitary towels/hand-drying devices provided, proper waste receptacles	2	40	Premises maintained free of litter, unnecessary articles; cleaning maintenance equipment properly stored; authorized personnel; distressed items properly stored	1
17	Accurate thermometers, chemical test kits provided, gauge cock (¼" IPS valve)	1				41	Complete separation from living/sleeping quarters	1
						42	Clean, soiled linen properly stored	1

INSPECTION RESULTS	**RATING SCALE**	**FOLLOW-UP**
Rating Score of the Establishment: _____	88-100 Points = A	Yes .... ☐ Date: _____
	78-87 Points = B	No .... ☐
Posted Grade: _____	70-77 Points = C	* Critical Items Requiring
☐ Non-Grading Program	Less Than 70 Points = Permit Suspension	Immediate Action

Time allowed to correct violations: _____

Remarks: _____

_____   _____   _____   _____
Owner, Manager or other interviewed   Date   Health Authority   Phone

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